
State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010		
Product Name:	Medicare Supplement Advertising - 193204		
Project Name/Number:	Medicare Supplement Advertising/193204		

Filing at a Glance

Company:	Mutual of Omaha Insurance Company
Product Name:	Medicare Supplement Advertising - 193204
State:	District of Columbia
TOI:	MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI:	MS08I.012 Multi-Plan 2010
Filing Type:	Form
Date Submitted:	11/21/2016
SERFF Tr Num:	MUTM-130816033
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	KRISTIN MILLER
Implementation	
Date Requested:	
Author(s):	Kristin Miller
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Medicare Supplement Advertising - 193204
Project Name/Number: Medicare Supplement Advertising/193204

General Information

Project Name: Medicare Supplement Advertising
Project Number: 193204
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/21/2016
State Status Changed:
Created By: Kristin Miller
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Kristin Miller

Filing Description:
Please see the supporting documentation tab.

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising Compliance Analyst
melanie.worth@mutualofomaha.com
Mutual of Omaha 402-351-4260 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
3300 Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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Form Schedule

Lead Form Number: 193204								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Letter	193204	ADV	Initial			193204_brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

MUTUAL OF OMAHA INSURANCE COMPANY

3300 Mutual of Omaha Plaza, Omaha, NE 68175



[BECAUSE YOU ARE A [VALUED] POLICYOWNER ...
WE INVITE YOU TO TAKE ADVANTAGE OF THIS IMPORTANT OPPORTUNITY.]

[GUARANTEED OFFER FOR:]

[Sample A. Sample]
[1234 Sample Street]
[Unit 123]
[Sampletown, USA 12345-6789]
|||||BARCODE(FPO)|||

The first step in choosing
your Medicare supplement
insurance policy.

All you need is enclosed.

[Dear Sample A. Sample,]

It's no secret: while Medicare is a vital benefit, it may not pay for everything.

Medicare deductibles, copayments and noncovered charges could quickly add up. That's why a Medicare supplemental insurance policy is so important. With a Medicare supplement insurance policy, you may have less to worry about and it helps pay the medical expenses that Medicare may not cover.

Selecting a Medicare supplement insurance policy can be confusing. So, what should you look for when shopping for Medicare supplement insurance?

[LOOK FOR PRICE ... PRICE ... PRICE! AND WE THINK YOU'LL CHOOSE MUTUAL OF OMAHA INSURANCE COMPANY.]

A **Mutual of Omaha Insurance Company** Medicare supplement insurance policy can be yours at a rate priced to fit your budget. So, review the enclosed information and we believe you'll find we offer an incredible value. Here are sample rates* for folks like you – turning 65.

PLAN	[MALE]	
	[Nontobacco]	[Tobacco]
[Plan X]	[\$00.00 a month]	[\$00.00 a month]
[Plan X]	[\$00.00 a month]	[\$00.00 a month]

*Example rates are based on your date of birth and ZIP code and are subject to change. Please see the enclosed Outline of Coverage for complete premium rates and policy information. In LA, during open enrollment and guarantee issue periods, only nontobacco rates apply. [Above rates do not include any specific discounts.]

[PLUS ... you may qualify for a [12%] **household premium discount** explained in the enclosed brochure.]

LOOK AT ALL THESE MEDICARE SUPPLEMENT INSURANCE POLICY BENEFITS ...

- **Freedom to Choose Your Own Doctors and Hospitals** — no networks or referrals. See any doctor or hospital that accepts Medicare patients.
- **You Cannot Be Cancelled or Charged Higher Premiums for Too Many Claims.**
- **Coverage Expands to Stay in Step with Medicare Changes.**
- **Benefits Start Immediately** — if you're already on Medicare.

(over, please)

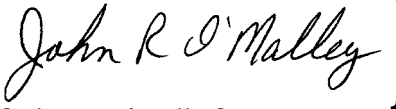
IT'S AS EASY AS 1 ... 2 ... 3 TO APPLY RIGHT NOW.

Everything you need to apply for this coverage is enclosed and numbered "1, 2, 3." You can be covered as soon as your application is approved. There is no waiting period. And, if you're in an Open Enrollment period, your acceptance is guaranteed. No health questions will be asked.

NO RISK OR OBLIGATION.

Once you're approved, you'll have 30 days to make sure you're satisfied. If you're not happy for any reason, simply cancel your policy for a full refund of any premiums you've paid (less any claims). **Considering how easy it is** and all you have to gain — we look forward to receiving your completed application very soon.

Sincerely,



[John R. O'Malley]

[Director, Marketing Services and Licensed Agent]

>> It's easy to apply – call toll-free:
[1-800-467-4207] to speak to a
licensed agent in your state.

P.S. It's important to have confidence in your insurance company. [Mutual of Omaha Insurance Company is rated [A+ SUPERIOR] [(Independent Agency Rating as of 12/2015)] by A.M. Best Rating Company, for overall financial strength and ability to meet ongoing obligations to policyholders. Rating only refers to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.]

[Questions? Call toll-free for Straight Answers: [1-800-467-4207]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m. • Friday 7:00 a.m. - 7:00 p.m. • Saturday 7:30 a.m. - 4:00 p.m. C.T.]

[or visit us at www.mutualofomaha.com]

IMPORTANT INFORMATION FOR YOUR PROTECTION

DO NOT CANCEL YOUR EXISTING COVERAGE until you receive your new insurance policy and you are sure it's right for you. Just complete and return the enclosed application and satisfy the application process. If you are not 100% satisfied, you can return your policy within 30 days for a full refund. Any premium payments, less claims paid, will be promptly refunded.

Medicare supplement insurance is underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. **Neither Mutual of Omaha Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.** Mutual of Omaha Insurance Company is licensed nationwide, including the District of Columbia. Policy forms: MM20, MM21, MM22, MM23, MM24, MM25, MM30, MM34, MM35 or state equivalent. In CA: MM20-24250, MM24-24251, MM25-24252, MM34-24916, MM35-24917; in FL: MM20-21653, MM22-21654, MM23-21655, MM24-21656, MM30-22499; in ID: MM20-24035, MM24-24036, MM25-24037, MM34-25010, MM35-25011; in NC: MM20-24253NC, MM24-24254NC, MM25-24255NC, MM34-24892NC, MM35-24894NC; in PA: MM20-24978, MM21-24980, MM22-24982, MM23-24984, MM24-24986, MM25-24988, MM34-24990, MM35-24992; in WI: MM28-24188. Not all policy forms may be available in every state. Your Medicare supplement insurance policy will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss of expense that is payable under Medicare supplement insurance policy or certificate. AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. IMPORTANT NOTICE – "A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE" MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM MUTUAL OF OMAHA INSURANCE COMPANY.

NOTE: In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age.

In NC, premiums are based on attained age, which means they will increase each year until age 99.

This is a solicitation of insurance and a licensed agent may contact you by telephone to provide additional information.

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Supporting Document Schedules

Satisfied - Item:	Memorandum of Variability
Comments:	
Attachment(s):	193204_Mov.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC-Letter.pdf
Item Status:	
Status Date:	

The following information in the aforementioned advertisement is bracketed to denote variable fields.

Variable Location	Explanation
Top of letter, in center, above name, address	One of the following statements will be used or nothing will appear: <ul style="list-style-type: none"> a) BECAUSE YOU ARE A [VALUED] POLICY OWNER ... WE INVITE YOU TO TAKE ADVANTAGE OF THIS IMPORTANT OPPORTUNITY. VALUED may not appear. b) GET A MEDICARE SUPPLEMENT INSURANCE POLICY WITH AFFORDABLE RATES...FROM A COMPANY WITH FRIENDLY, PROFESSIONAL SERVICE c) APPLY NOW...MEDICARE SUPPLEMENT INSURANCE...FROM A COMPANY WITH OUTSTANDING SERVICE d) CALL TODAY TO APPLY. TOLL-FREE: [1-800-467-4207] TO SPEAK TO A LICENSED AGENT IN YOUR STATE • Phone number may change
Top of letter, above address	One of the following statements will be used or nothing will appear: <ul style="list-style-type: none"> a) GUARANTEED OFFER FOR: b) MEDICARE ELIGIBLE CITIZEN:
[Sample A. Sample] [1234 Sample Street] [Unit 123] [Sampletown, USA 12345-6789]	This section lists the name, street address, city, state, zip of the prospect.
[Dear Sample A. Sample,] – opening of letter	One of the following options will be used: <ul style="list-style-type: none"> a) Dear "Sample A. Sample" (this is the first, middle, last name of the prospect) b) Dear "Friend"
[Look for Price, Price ...]Middle of 1 st page	One of the following options will be used or nothing will appear: <ul style="list-style-type: none"> a) LOOK FOR PRICE ... PRICE ... PRICE! AND WE THINK YOU'LL CHOOSE MUTUAL OF OMAHA INSURANCE COMPANY. or b) WHEN LOOKING FOR MEDICARE SUPPLEMENT INSURANCE, PRICE IS ONE THING TO CONSIDER AND WE THINK YOU'LL CHOOSE MUTUAL OF OMAHA INSURANCE COMPANY.
PLAN –chart towards bottom of page	Variable fields will be personalized for customers based on states allowing age, tobacco/non-tobacco and gender ratings. Chart may vary depending on: <ul style="list-style-type: none"> a) [Plan X]-Plans presented may vary b) [Tobacco][Non-Tobacco] label-will be used in States utilizing tobacco/non-tobacco ratings—will be left off for states that do not allow tobacco/non-tobacco ratings c) [Male] Gender label: Male or Female. Will not be used for states that do not allow ratings based on gender—will use "Age 65" instead d) [\$00.00 a month] Rates used will be the current filed and approved rates with the state.
Disclosure verbiage under the rate chart	If a state does not offer a household discount, the following statement will be used, otherwise the copy will be out: <ul style="list-style-type: none"> a) [Above rates do not include any specific discounts]
[PLUS...you may qualify for [12%] household premium discount explained in the enclosed brochure.] –paragraph, 1 st page of letter, under chart	Will either appear for states allowing household premium discount or will not appear for states that do not allow the household premium discount.
[12%] – paragraph, 1 st page of letter, under chart	[12%] household premium discount percentage may vary, either 7% or 12%, whichever is approved for that state.
Signature, Licensed Agent Name, Title [John R. O'Malley] [Director, Marketing Services] [Licensed Insurance Agent] –Mid Section of Page 2	First and last name of the licensed agent. Agent's position within the company. All solicitation letters will be signed by a licensed agent.
[Mutual of Omaha Insurance Company is rated [A+ SUPERIOR][(Independent Agency Rating as of 12/2015)] by A.M. Best...] – P.S. under licensed agent signature block	This entire line will either be <ul style="list-style-type: none"> a) left in b) or completely taken out Within the variable the rating and date attained will be updated as applicable
[IT'S EASY TO APPLY – CALL TOLL-FREE: 1-[800-467-4207] TO SPEAK TO A LICENSED	One of the following phrases will be used: <ul style="list-style-type: none"> a) Please Return your Completed Application within 10 days –will be used in states

AGENT IN YOUR STATE located to right of signature block on 2 nd page of letter	<p>that allow reply by date</p> <p>b) It's easy to apply – Call toll-free: 1-[800-467-4207] to speak to a licensed agent in your state</p> <p>c) Need more information? Call [1-800-467-4207]</p> <p>Phone number may change.</p>
[Questions? Call for Straight Answers: [1-800-467-4207] section, page 2, under signature block	<p>One of the following phrases will be used:</p> <p>a) Questions? Call toll-free for straight answers: [1-800-467-4207]</p> <p>b) Apply over the phone. Call toll-free: [1-800-467-4207]</p> <p>c) It's easy to apply—call toll-free: [1-800-467-4207.]</p> <p>Phone number may change.</p>
[Monday – Thursday..." bottom of page 2 "or visit us at [www.mutualofomaha]" – verbiage at bottom of page 2 above "Important Information" box	<p>Days and/or time may change.</p> <p>This URL or an approved Company website URL will be used or no website URL will appear. One of the following phrases will be used:</p> <p>a) or visit us at [www.mutualofomaha.com]</p> <p>b) Apply online at [www.mutualofomaha.com]</p> <p>c) Fill out and submit your application online at [www.mutualofomaha.com]</p> <p>In Florida, none of the above statements will be used.</p> <p>"Apply online at" or "Fill out and submit your application online at" are future options when Company websites support online applications. Appropriate actions will be taken to ensure application and other materials are compliant.</p>



MUTUAL OF OMAHA INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600

NAIC #: 261-71412

FEIN #: 47-0246511

Mutual of Omaha Insurance Company

Medicare Supplement Advertising

Letter: 193204

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Thank you for the review of this filing.

Sincerely,

For Questions, please contact Melanie Worth

Phone: 402-351-4260; Fax: 402-351-5298

E-mail: advfilings@mutualofomaha.com